## PATENT APPLICATION SEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/527894

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA  |  |   |  |                                    |                  |                               |              |                        |    |                     |                        |
|--|--|---|--|------------------------------------|------------------|-------------------------------|--------------|------------------------|----|---------------------|------------------------|
|  |  |   | (Column  | າ 1)                               | (Column 2)       |                               | TYPE         |                        | OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                                    | `                |                               | RATE         | FEE                    |    | RATE                | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT. = \$ 150                                  |                                    |                  | SE ENT. = \$ 300              | BASIC FEE    |                        | OR | BASIC FEE           | ממנים                  |
| EXAMINATION FEE  |  |   |  |                                    |                  | her situations =              | EXAM. FEE    |                        |    | EXAM FEE            | 100                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50/\$100 ALL other countries = All o |                                    |                  | her situations = 250 / \$ 500 | SEARCH FEE   |                        |    | SEARCH FEE          | WIN                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                    |                  | / 50 =                        | X \$ 125 =   |                        |    | X \$ 250 =          | FUC                    |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | 1  |                                    |                  |                               | X \$ 25 =    |                        | OR | X \$ 50 =           |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | (2 minus 3 =   |                                    |                  | >                             | X \$ 100 =   |                        | OR | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT   |                                    |                  |                               | + \$ 180 =   | ·                      | OR | +\$360 =            | ,                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                    |                  |                               | TOTAL        |                        | OR | TOTAL               | 1900                   |
| CLAIMS AS AMENDED - PART II  |  |   |  |                                    |                  |                               | SMALLE       | NTITY                  | OR | OTHER<br>SMALL 8    |                        |
| AMENOMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ER<br>JSLY       | PRESENT<br>EXTRA              | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | 12  | Minus  | - 12                               |                  | =                             | X \$ 25 =    |                        | OR | X \$ 50 =           |                        |
|  | Independent                                    | . 3                                       | Minus  | 3                                  |                  | =                             | X \$ 100 =   |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |                  |                               | +\$ 180 =    |                        | OR | + \$ 360 =          |                        |
|  |  |   |  |                                    |                  |                               | TOTAL ADDIT. |                        | OR | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Colum                             | n 2\             | (Column 3)                    |              |                        |    |                     |                        |
| IDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA              | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                                 |                  | =                             | X \$ 25 =    |                        | OR | X \$ 50 =           |                        |
| AMEN   | Independent                                    | •   | Minus  | ***                                |                  | =                             | X \$ 100 =   |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |                  |                               | + \$ .180 =  |                        | OR | + \$ 360 =          | ,                      |
| Ţ  |  |   |  |                                    |                  |                               |              |                        | OR | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". |  |   |  |                                    |                  |                               |              |                        |    |                     |                        |